

Scanned Batch Cover Sheet

2018-09-25 8:37AM

Scan Date	Batch Number	Source Code	Batch ID
2018-09-25 8:37AM	4	17	9606

Scan Date/Time: 2018-09-25 8:37AM

Batch Number: 4

Batch Size: 23

Source Code: 17

Batch ID: 9606

Operator: vpmckoy

*McCrae
Dowless*



State Absentee Ballot Request Form

North Carolina

SEP 21 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BOE OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name EASON		First Name Christopher		Middle Name D	Suffix [REDACTED]
Home Address (If different than mailing address) [REDACTED]			Mailing Address (If different than home address.) [REDACTED]		
City Bladenboro	State NC	Zip Code 28320	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1/1			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: [REDACTED] SSN: XXX - XX [REDACTED]			Voter Registration No. [REDACTED]		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)
☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

X

6 13 18 X

Date

Date